

AMERIGROUP MARYLAND SUBSTANCE ABUSE SERVICE GRID

SA/CD ICD-9 range: 291-292.9, 303-305.93, 799.9

SERVICE	Svc Code	Description	Type Code (p=psych, s=substance)	Auth Req? IN	Auth Req? OON	Place of Svc	Specialty Codes				Unit Value	Effective Date	End Date
							MD	PhD	MA	RN			
Inpatient Services													
Acute Inpatient	100, 124	Acute Room and Board Services	S	Y	Y	21, 51, 61	None Required				Day		
Hospital Based Detoxification Service	126	Detoxification Services in a Hospital Setting	S	Y	Y	21, 51, 61	None Required				Day		
Partial Hospitalization													
Partial Hospitalization	912	Day Treatment	S	Y	Y	22, 52, 53, 61, 62, 71, 99	None Required				Day		
Intensive Outpatient													
Intensive Outpatient Program (IOP)	906	IOP, SA/CD (May also bill with H0015)	S	Y	Y	22, 53, 55, 61, 62, 71, 99	None Required				Day	4/1/2003	present
Ambulatory Detoxification													
Ambulatory Detoxification	944	Drug Rehabilitation Only(May also bill with H0014)	S	Y	Y	22, 53, 55, 61, 62, 71, 99	None required				Day		
Ambulatory Detoxification	945	Alcohol/Drug Rehabilitation(May also bill with H0014)	S	Y	Y	22, 53, 55, 61, 62, 71, 99	None required				Day		
Ancillary Codes													
	914	Code to used by a facility to bill other services in conjunction with CPT codes on a UB92 Form.	S	Y	Y	21, 22, 51, 55, 61, 71, 99	None Required				N/A		12/31/2004
	914	Code to used by a facility to bill other services in conjunction with CPT codes on a UB92 Form.	S	N	Y	21, 22, 51, 55, 61, 71, 99	None Required				N/A	1/1/2005	present
	915	Code to used by a facility to bill other services in conjunction with CPT codes on a UB92 Form.	S	Y	Y	21, 22, 51, 55, 61, 71, 99	None Required				N/A		12/31/2004
	915	Code to used by a facility to bill other services in conjunction with CPT codes on a UB92 Form.	S	N	Y	21, 22, 51, 55, 61, 71, 99	None Required				N/A	1/1/2005	present
	916	Code to be used by a facility to bill OP services in conjunction with a CPT or HCPCS code on a UB92 Form	S	N	Y	21, 22, 51, 55, 61, 71, 99	None Required				N/A	1/1/2005	present
Treatment Room													
Treatment Room	761	23 hour Observation Bed	S	Y	Y	21, 22, 51, 52, 53, 61, 62, 71, 99	None Required				Hour		
Medication Management													
Medication Management	90862	Pharmacological Management	S	N	N	03, 11, 12, 22, 53, 71, 99	00, 56, 57, 58				PN	Hour	

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OUTPATIENT / PROFESSIONAL SERVICES													
Professional Services	90801	Initial Interview Examination	S	N	N	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour		
	90804	Individual Counseling (20 - 30 min)(When billed on a UB92 Form, bill in conjunction with RV 914)	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99		PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2003	8/31/2004
	90804	Individual Counseling (20 - 30 min) (When billed on a UB92 Form, bill in conjunction with RV 914)	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99		PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	9/1/2004	present
	90805	Individual Counseling with Medical Evaluation and Management (20 - 30 min) (When billed on a UB92 Form, bill in conjunction with RV 914)	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58				Hour	4/1/2003	8/31/2004
	90805	Individual Counseling with Medical Evaluation and Management (20 - 30 min) (When billed on a UB92 Form, bill in conjunction with RV 914)	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58				Hour	9/1/2004	present
	90806	Individual Counseling (45 - 50 min) (When billed on a UB92 Form, bill in conjunction with RV 914)	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99		PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2003	8/31/2004
	90806	Individual Counseling (45 - 50 min) (When billed on a UB92 Form, bill in conjunction with RV 914)	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99		PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	9/1/2004	present
	90807	Individual Counseling with Medical Evaluation and Management (45 - 50 min) (When billed on a UB92 Form, bill in conjunction with RV 914)	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58				Hour	4/1/2003	8/31/2004
	90807	Individual Counseling with Medical Evaluation and Management (45 - 50 min) (When billed on a UB92 Form, bill in conjunction with RV 914)	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58				Hour	9/1/2004	present
	90808	Individual Counseling (75 - 80 min)	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99		PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2003	8/31/2004
	90808	Individual Counseling (75 - 80 min)	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99		PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	9/1/2004	present
	90809	Individual Psychotherapy with Medical Evaluation and Management (75 - 80 min)	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58				Hour	4/1/2003	8/31/2004
	90809	Individual Psychotherapy with Medical Evaluation and Management (75 - 80 min)	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58				Hour	9/1/2004	present
	90846	Family Counseling without Patient	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2003	8/31/2004

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	90846	Family Counseling without Patient	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	9/1/2004	present
	90847	Family Medical Counseling (with patient)	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2003	8/31/2004
	90847	Family Medical Counseling (with patient)	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	9/1/2004	present
	90853	Group Medical Counseling (When billed on a UB92 Form, bill in conjunction with RV 915)	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2003	8/31/2004
	90853	Group Medical Counseling (When billed on a UB92 Form, bill in conjunction with RV 915)	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	9/1/2004	present
	90857	Interactive Group Medical Counseling (When billed on a UB92 Form, bill in conjunction with RV 915)	S	Y	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2003	8/31/2004
	90857	Interactive Group Medical Counseling (When billed on a UB92 Form, bill in conjunction with RV 915)	S	N	Y	03, 11, 12, 22, 53, 55, 61, 62, 71, 99	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	9/1/2004	present

In Patient TIN Codes

	99221	Initial Hospital Care (30 min.)	S	Y	Y	21, 51, 52, 55, 56, 61, 62	00, 56,57,58				Hour		
	99222	Initial Hospital Care (50 min.)	S	Y	Y	21, 51, 52, 55, 56, 61, 62	00, 56,57,58				Hour		
	99231	Subsequent Hospital Care (15 min.)	S	Y	Y	21, 51, 52, 55, 56, 61, 62	00, 56,57,58				Hour		
	99232	Subsequent Hospital Care (25 min.)	S	Y	Y	21, 51, 52, 55, 56, 61, 62	00, 56,57,58				Hour		
	99233	Subsequent Hospital Care (35 min.)	S	Y	Y	21, 51, 52, 55, 56, 61, 62	00, 56,57,58				Hour		
	99238	Hospital Discharge Day Management: 30 Minutes or Less	S	Y	Y	21, 51, 52, 55, 56, 61, 62	00, 56,57,58				Hour		

Methadone Maintenance

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SACD ICD-9 Range: 291-292.9, 303-303.99, 799.9													
SERVICE	Svc Code	Description	Type Code (p=psych, s=substance)	Auth Req? IN	Auth Req? OON	Place of Svc	Specialty Codes				Unit Value	Effective Date	End Date
Methadone Maintenance	H0020	Methadone Treatment Weekly (When billed on a UB92 Form, bill in conjunction with RV 919)	S	Y	Y	03, 11, 12, 21, 22, 51, 52, 53, 55, 61, 62, 71, 99	MC				Unit		
Local Health Clinics (LHCs)													
LHC Programs	90899.26	Individual Therapy	S	Y	Y	71	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2003	8/31/2004
	90899.26	Individual Therapy	S	N	N	71	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	9/1/2004	3/31/2005
	90899	Individual Therapy	S	N	N	11, 71	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2005	present
	90899.50	Group Therapy	S	Y	Y	71	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2003	8/31/2004
	90899.50	Group Therapy	S	N	N	71	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	9/1/2004	3/31/2005
	90899.HQ	Group Therapy	S	N	N	11, 71	00, 56,57,58	PS, PC, NP	SW, FT, LP, ZI	NS, PN	Hour	4/1/2005	present
	90899.HG	Individual Medication Assisted (Methadone Maintenance)	S	N	N	11, 71	None Required				Week	4/1/2005	present

POS Codes

03 = School-based

11 = Office

12 = Home

21 = Inpatient Hospital

22 = Outpatient Hospital

23 = Emergency Room

41 = Ambulance, Land

51 = Inpatient Psychiatric Facility

52 = Psychiatric Facility Partial Hospitalization

53 = Community Mental Health Center

55 = Residential Substance Abuse Treatment Facility

61 = Comprehensive IP Rehabilitation Facility

71 = State or Local Public Health Clinic

81 = Independent Laboratory

99 = Other Unlisted Facility

56 = Psychiatric Residential Treatment Center

62 = Comprehensive OP Rehabilitation Facility

Specialty Code Key

Addiction Medicine (00)

Clinical Nurse Specialist-BH (NS)

Licensed Clinical Social Worker (SW)

Licensed Marriage/Family Therapist (FT)

Licensed Professional Counselor (LP)

Neuropsychology (NP)

Nurse Practitioner (PN)

Psychiatry (56)

Psychiatry-Child (57)

Psychiatry-Geriatric (58)

Psychology (PS)

Psychology-Child (PC)

Substance Abuse (ZI)

Methadone Maintenance Clinic (MC)